ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Gamus.	Registration Dist. No.
Village or City Juoley	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Still barn	Trokup.
(a) Residence: No. Tusky.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED ("write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) DEP 7-6 35	I last sew h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER,	Date or onset
SAWYER, BOOKKEEPER, etc	ATI CAN
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month and spent in this	The clus
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
1 13, NAME W M Prolifs.	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME au luy Johnson	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of Injury
Pleca 1 0 1770 - Date 0 27, 1986	Nature of injury
19. UNDERTAKER Of Allam / Sistup	24. Was disease or injury in any way related to occupation of deceased?
(Address) Vindy.	If so, specify (Signed) (M.D.
20. FILED Registrar.	(Signed) M. D.  (Address) / V 14 4 Addlands

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 115 411 V S.	3 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state OCCUPA-Village or City No. St., Ward
(If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred vrs. mos. ds. How long in U.S. If of foreign birth? vrs. mos. ds. Every statement a min Mason P. KU.S. Veteran specify WAR. 2. FULL NAME ORD. (a) Residence: No PERSONAL A A PERMANENT RE 3. SEX 4. C EXACTLY. classified. 5a. If married, widowed, or of HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month properly stated 7. AGE Years Trade, profession, o. INK-THIS OCCUPATION kind of work do SAWYER, BOOKI See instructions on back plnods it may 9. Industry or busines work was done, SAW MILL, BAN 10. Date deceased last that this occupation ( year) \_\_\_\_\_ 08 12. BIRTHPLACE (city or toy (State or country) supplied. n plain terms, FATHER 13. NAME 14. BIRTHPLACE (city o (State or country mation should be-carefully MOTHER 15. MAIDEN NAME 16, BIRTHPLACE (city o CAUSE OF DEATH (State or countr 17. INFORMANT very (Address) 18. BURIAL, CREMATION, O -WRITE MOIL 19. UNDERTAKER (Address) 20. FILED ...

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

. O Costers, md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purise the word) Married	21. DATE OF DEATH  (Month) (Day) (Year)
rs Ganny Coster	22. I HEREBY CERTIFY, That I attended deceased from
day, and year) OCF. 22-1862	I last saw h. M. alive on Oct. 20 - , 1935; death is said
Months Days If LESS than	to have occurred on the date stated above, at (0.30A m.
11 28 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
particular ne, as SPINNER, Garmel (EEPER, etc	arteriosclerosis 1930
s in which as SILK MILL, K, etc	Ocrebral Hemonicoze 1/19/3
occupation occupation	Other Contributory Causes of importance:
sie F. Coster	
town) Mary and	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
Farah E. Carr	23. If death was due to external causes (VIOLENCE) fill in also the following:
town) a.a. Corerity.	Accident, sulcide, or homicide? Date of injury, 19
m. Coster and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
REMOVAL  Date Oct. 22, 1935	Manner of injury
a. Horkuess	24. Was disease or injury in any way related to occupation of deceased?
illial, ma	If so, specify S. Coster M. D.
Registrar.	(Address) Lalomons, Ma.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1 14 0
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ALCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1905	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	J		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL	OF	INIVITE	AND	CLIVIII	CALL		

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11	15	16		
11	-	7	1	
- "				

1. PLACE OF DEATH	
County Calvery	Registration Dist. No. 50
Village Dr City Oliver	NDSt.,Ward
(If	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dilethia Gross	
	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH october 30 1935.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
1919	, 19 to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then	I last sew h
1 () () 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
8. Trede, profession, or particular	were as follows: Deceased was not attended by a physician
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.	Necessed was not attended of a projection.
9. Industry or business in which	That disease
work wes done, as SILK MILL, WILLOW SAW MILL, BANK, etc.	Ville (acite)
D. Oate deceased last worked et this occupation (month end year) vear)	
Office N	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	no further informations
	Name of operation Dete of
4 14. BIRTHPLACE (city or town) Mary (State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Temma ohnson	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Terripra Shrison  16. BIRTHPLACE (city or town) - Marriland	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Mofor Gross (Address) October, Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date Date 1, 1933	Nature of injury
19. UNDERTAKER W. MASSIN	24. Was disease or injury in any way related to occupation of deceased?
(Address) Prusce treasured Ms	If so, specify A
20. FILED 10/30 19 35 A Cestoste/	(Signed) 6 N - Cosler J. M. D.
Registrar.	(Address) Jotomons 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1918	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 July 5, 1927	Peritonitis	3 days ago
	Moles	3	
Other contributory causes of importance:	N THO	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
10			
	1		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

After investigation by Dr.Coster and Dr.King this certificate has been substituted for a previous one which gave cause of death as Tuberculosis. SEE LETTER OF AUTHORIZATION filed 12/20/35 under DR. I N. KING, Health Officer for Calvert County - Bureau Vital Statistics, 2411 N. Chas. St., Baltimore Ma. - L.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 8 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU Y. S.			
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	]		

D. Every item of infor- SICIANS should state tatement of OCCUPA.	1. PLACE OF DEATH  County  Village or City  Langth of residence in city or town where death occurred  2. FULL NAME  (a) Residence: No.	St., Ward.
ARGIN RESERVED FOR BINDING  INFADING INK—THIS IS A PERMANENT RECOR  pplied. AGE should be stated EXACTLY. PHY  erms, so that it may be properly classified. Exact sinstructions on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  4. COLOR OR RACE  5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Oate dacaasad last worked et this occupation (month and year)  12. BIRTHPLACE (city or town).  (Stete or country)  13. NAME  14. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED OR DIVORCED (worked worked on the work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  11. Total time (years) spont in this occupation  12. BIRTHPLACE (city or town).  (Stete or country)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  A laber  (Month)  (Day)  (Year)  22.  I HEREBY CERTIFY, That I attended daceasad from 19  i last saw h alive on, 19; death is said to have occurred on the date stated above, at

FAT 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME

16, BIRTHPLACE (city or town)

(Addrass)

20, FILEO ...

(State or country) 17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER

Registrar.

Mannar of injury Nature of Injury.

24. Was disease or injury in eny way related to occupation of deceased? if so, spacify (Signed)\_\_ (Address)

What tast confirmed diagnosis? ..... Was there an au'opsy?...

(Specify city or town, county and State)

23. If daeth was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE,

Accident, suicida, or homicida?...

Where did injury occur? \_\_.

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Ex	ample I	1	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MOV 8 1925	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1404 0 700	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				-
				4 4 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-JRD. Every item of infor-ALY, WITH UNFADING INK-THIS IS A PERMANENT REC properly classified. FOR BINDING CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED -WRITE PLA TION is V. S. No. 1

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10856
County Calvert	Registration Dist. No. 52
Village or City Dunkink	No. St., W
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME JOVAN William	forus.
(a) Residence: No.	V <sub>St.,</sub> Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RICE  5. SINGLE, MARRIED, WIDOWED, OR DJYORCHO (write the word)	21. DATE OF DEATH 15
is It married without or diversely	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That I all Mended deceased f
(a) "" Lus en /. Jones	- May 1935 00 15 193
DATE OF BIRTH (month, day, and year) Lucy 23, 1857	Hast saw h malive on CC/13, 1935; death is
. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
78 1 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade profession or particular	Date of or
SAWYER, BOOKKEEPER, etc. Jannes	angua 1-colonis 14
9. Industry or business In which work was done, as SILK MILL,	DV . m 17
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)	Curous Myocarallo
this occupation (month and spent in this occupation occupation	
7-1	Other Coutributory Causes of importance:
(State or country)	
-#	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
an I	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury
(Desta sur La	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT CHAPTER (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Managed International
Place Smith will gate Oct 12 1925	Manner of injury
4102101 + 1	Nature of injury
9. UNDERTAKER With Harlehens (Address) mar Harman	24. Was disease or injury in any way related to occupation of deceased?
21	If so, specify Thisese
20. FILED Olel 18, 193 - WH Harderty	(Signed) N
Registrar.	(Address)

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Example I	With a progression upon		Example II	
The principal cause of death and related of importance were as follows:	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV R 7	025	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	O G G	1921	Run over by street car	1 week ago
Cerebral hemorrhage   MUREAU	VQ	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance	:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state o that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

ż

STATE OF	MARYLAND—CERTIFICATE OF DEATH	10857
	20%	

1. PLACE OF DEATH					<u>(3)</u>		
County Calvery					Registration Dist.	No. 30	
	Village or City	stom	ond		NoNo.	St., Ward	
	Length of residence in cit	u aa tawa whasa da	andh assumed		death occurred in a hospital or institution, give its NAME instead.  ds. How long In U.S. if of foreign birth?		
		y of town whata de	Petir Occurrad	yrs,			
2	. FULL NAME	Jore	- STI	lebooth	If U.S. Veteran specify WAR		
	(a) Residence: No		/71 1 1		St.,Ward.	ity or town and State	
promise	PERSONAL AN	DSTATISTIC	(Usual place		MEDICAL CERTIFICATE OF		
3 5		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	JER III	
6	W W	to		(write the word)	10/18	193.5	
52	If married widewed or dive	rend			(Month)	(Oey) (Yeer)	
Ja.	If married, widowed, or divo. HUSBAND of (or) WIFE of	red			22. I HEREBY CERTIFY, T	hat I attended deceesed from	
	(01) 1112 01		01/	/	, 19, to		
6. 1	DATE OF BIRTH (month, dey	, and year)	/18/	35.	I last sew h alive on	, 19; deeth is said	
7. /	AGE Years	Months	Days	If LESS then	to have occurred on the dete stated above, et	m.	
			-	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of it were as follows:	mportenca Oate ol onset	
z	8. Trede, profession, or pa	rticular	1-			Oate of officer	
OCCUPATION	kind of work done, SAWYER, BOOKKEE				Pippi A CA	)	
PA	9. Industry or business in work was done, as S SAW MILL, BANK, e	which ILK MILL,			Sutleville ( 1000	mos.	
CCL	SAW MILL, BANK, e		11 Totel ti	ima (vears)			
ŏ	this occupetion (mor	ith and	Spet	ima (years) ntin this pation			
-	, , , , , , , , , , , , , , , , , , , ,	Solo	20000	_	Other Contributory Causes of Importance:		
12.	(Stete or country)	ma	Ma CA				
2	13. NAME James	2 91/1	At man	Loro			
FATHER		6000	Para	000			
FAT	14. BIRTHPLACE (city or to (Stete or country)	wn)	no a -	laid	Neme of operation		
2	P	Dring!	i i	Car Car	What test confirmed diagnosis?		
THE	15. MAIDEN NAME	7	ma L	ageor	23. If deeth wes dua to externel ceuses (VIOLENCE) fill in el		
MOTHER	16. BIRTHPLACE (city or to	wn)	Oak,		Accident, suicida, or homicida? Date of injury, 19		
(State or country) Turgerra					Whera did injury occur?(Specify city or town,	county and State)	
17. INFORMANT Jaces O Woose Sore			3000	Specify whether Injury occurred in INDUSTRY, in HOME, o	r in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL							
Place Solomono Dete // 8 1935					Manner of Injury		
1 account of the contract of t					Nature of injury		
19. UNOERTAKER					24. Was diseese or injury in any way releted to occupetion o	of deceased?	
-	(Address)	2000)	160	07.	If so, specify	100/5	
20.	FILED.	935 8	78-6,Q	Coster	(Signed)	M.D.	
				Registrar.	(Address) X O La YYVa	T. P.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied.

-WRITE PL

10858

1. PLACE OF DEATH	X	93-0	
County Callu	M,	Registration Dist. No.	
Village or City Julio	mons	NoSt., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where dee		death occurred the hospital of minimulation, give its 142 for instead of street and number of the hospital of the street and number of the street	
2. FULL NAME Mory	Ellen 1	nach.	
(a) Residence: No.	alomon	St., Ward,	
	(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX J. 4. COLOR OF RACE 5	SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5e. If married, widowed, or dwood HUSBANO of (or) WIFE of	march.	22 HEREBY CERTIFY Thet Lettended dec	
	- 20 1050	19 19 10 12 34	, 19
6. DATE OF BIRTH (month, day, and year)	(4),1847		eath Is sa
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
0/	ormin.	word on follows:	ate of ons
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jonnatic	delino selesario	10
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	at home	Che ou my oculation	54
10. Oate deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)			
1.016	lawtene.		
13. NAME  14. BIRTHPLACE (city or town)	mil	Name of operation	
(State of country)	114	Whet test confirmed diegnosis? Was there an au'o	psy?
15. MAIOEN NAME WAS UND A 16. BIRTHPLACE (city or town)	ney	23. If death wes due to external ceuses (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	21/	Accident, suicide, or homicide? Oate of injury	_, 19
(State or country)	1100	Where did injury occur?	
17. INFORMANT (Address)	March	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL CREMATION, OR REMOVAL	10	Manner of Injury	
Place Weddlehan Chapel	Oate 14-15 , 19-35	Manner of injury	
19. UNDERTAKER a. g. Hark	ness + Aon	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) Mulual, Hel	h M	If so, specify the specify the specific that the	
20. FILEO / 13 , 193	N. Registrar.	(Signed) Limes for duck	Z.M.
If more bla	inks are needed, address State Revistrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
QUESTI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(A)	THIS IS A PERMANENT RE RD. Every item of infor-	d be stated EXACTLY. PHYSICIANS should state	y be properly classified. Exact statement of OCCUPA-	
	RD. Every	YSICIANS	statement	
6	r RE	Y. PH	Exact	
VED FOR BINDING	RMANENT	XACTL	classified.	
FOR BI	IS A PE	stated E	properly	.k of certificate
ED	HIS	pe	be	of o
5	[-	P	-	1

1	STATE	OF	MARY	LAND-	CERTIFICATE OF DEATH 1085	1)
1	. PLACE OF DEATH				(§)	
	County Calger				Registration Dist. No. \( \square\)	
	Village or City Sund	rl	oud		No St W	ard
	Length of residence In city or town w	ere deet	h occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	_ds.
2	FULL NAME Stil	lo	(9)	redly	US If U.S. Veteran specify WAR.	
	(a) Residence: Np.	16	lille	und-	St Ward.	
-	(-)	and the same	(Usual place of	abode)	If nonresident give city or town and State	
_	PERSONAL AND STATI	STIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. 8	M. 4. COLOR OR RACE	5.	OR DIVORCED	(write the word)	21. DATE OF DEATH Solle 6, 193 5 (Month) (Day) (Year)	
5a.	If married, widowed, or divorced HUSBAND of					
	(or) WIFE of				22. 1 HEREBY CERTIFY, That I attended deceased to Colour 6, 19 35, to	rom
e 1	DATE OF BIRTH (month, day, and year)	0/	6/35			
7. /		1	Days	If LESS than	I last saw h; death is to have occurred on the date stated above, at	said
				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
7	8. Trede, profession, or particular			011min.	were as follows:  Data of or	set
01	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc					
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,	_	The state of			
i i	SAW MILL, BANK, etc		11. Total tim	e (veare)		
0	this occupation (month and year)		spant	In this		
					Other Contributory Causes of importance:	
12.	(State or country)	,	·		- AM MALLA	
ER	13. NAME Clarence	11	all			
FATHER	14. BIRTHPLACE (city or town) Au	n	lerla.		News of annualism	
F	(State or country)		red.		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
ER	15. MAIDEN NAME Welder	Ca	why	P	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) - See	nde	2 Card		Accident, suicide, or homicide? Date of Injury, 19	
ž	(Stete or country)	7	ud.		Where did injury occur?	
17. INFORMANT Clarence Have.  (Address) Mix.					(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL					Manner of Injury	
Plece Junderland Date 17 1925					Nature of injury	
19. UNDERTAKER ( Larence Hall					24. Was disease or injury)in any way related to occupation of deceased?	
	(Address) Paris ne	4.			If so, specify	
20.	FILED 177 1935	J.	M. Ti	uf	(Signed) / Ell	1. D.
0.	, , , , , , , , , , , , , , , , , , , ,			Registrar.	(Address) (Attended Medical A	

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Date of onset
1 week ago
1 week ago
3 days ago
1 year

1. PLACE OF DEATH

should of	County Affeld	Registration Dist. No. 5
she of	Village or City Faman	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)
NS nt		ds. How long in U.S. If of foreign birth?yrsmos
COKD, Ever PHYSICIAN ict statemen	2. FULL NAME Haw Henry Yarping	as Mata Hellran
YSICI/ statem	(a) Residence: No. Fassaust 0	St., Ward.
ct a	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECC PE Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Z.	Male White Massield (write the word)	(Month) (Day) (Ye
C T ]	5a. If married, widowed, or divorced HUSBANO of	
A ass	(or) WIFE of Kelend Jaysinger	22. IHEREBY CERTIFY That attanded decease
E X cl	6. DATE OF BIRTH (month, day, and yeer) December 2 1861	I last sew h M. alive on Alle Med New 3, 1935; death
stated E properly certificate.	7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, et/m.
stated proper ertific	73 9 23 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
be I of	8. Trade, profession, or particular kind of work done, as SPINNER, Maclusust	Grandle Ryselly 19
	kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked et this occupation (month and	Chiving Kentrely 19
t may back	SAW MILL, BANK, etc.	Munua Senta
hat it	O 10 Date deceesed last worked et this occupation (month and 1926 spant in this occupation occupation occupation 1926	
erms, so that instructions o	12, BIRTHPLACE (city or town) Baltrugge	Other Contributory Causes of importance:
s, so ructi	(Stata or country)	
inst	13. NAME JAN William Saysenger  14. BIRTHPEACE (city or town) Marting Sunger	
sin te		Name of operation
plai	(State of country)	Whet tast confirmed diagnosis? Wes there an autopsy?,
ant pl	15. MAIOEN NAME Mar gare & Care	23. If death was due to external causes (VIOLENCE) fill In elso the following:
	16. BIRTHPLACE (city or town) Atlantage (State or country)	Accident, suicide, or homicide?
DEA y im	17. INFORMANT John SU. Kaysinger	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
OF D very	(Addrass) Punages.	
E S	18. BURIAL, CREMATION, OR REMOVAL Place Holy Crassitaco Date 1019/35-19	Mannar of Injury
CAUSE TION is	John Jalanna 19	Netura of injury
CA	19. UNOERTAKER (Surface of Surface) (Address) 3 ( Light of	24. Was diseese or injury in eny wey related to occupation of deceased?
	Took 6 35 mills	(Signed)
1-	20. FILEU 77.11, 4., 1960 Q	

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blunks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ya That attanded deceased from

(Year)

Date of onset

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	8000		
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